

Recovery Residence Certification Application

What level of certification are you applying for?

- ☐ Level One
☐ Level Two

Recovery Residence Information

Information provided in this section is available to the public.

RESIDENCE NAME			
STREET ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER		EMAIL ADDRESS (OPTIONAL)	
GENDER SERVED <input type="radio"/> Men <input type="radio"/> Women <input type="radio"/> All genders		NUMBER OF BEDS	
POPULATIONS SERVED Select all populations that the residence is specifically tailored to serve. <input type="checkbox"/> African Americans <input type="checkbox"/> Justice involved individuals <input type="checkbox"/> Members of the LGBTQ+ community <input type="checkbox"/> Men with children <input type="checkbox"/> Native Americans <input type="checkbox"/> Senior citizens <input type="checkbox"/> Women with children <input type="checkbox"/> Other: _____			

Organization Information (If Applicable)

Information provided in this section is available to the public.

ORGANIZATION NAME			
STREET ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	

Current Licenses and Applications

Does the recovery residence's operator or organization hold any other licenses issued by the Department of Human Services or the Department of Health?

☐ Yes ☐ No

If yes, what are the license numbers?

Does the recovery residence's operator or organization have any pending applications for a license from the Department of Human Services or the Department of Health?

☐ Yes ☐ No

If yes, what are the application numbers?

Application Instructions

This application form and all policy documents must be emailed to recovery_supports_bha.dhs@state.mn.us with the subject titled:

[RESIDENCE NAME] [RESIDENCE ADDRESS] [CERTIFICATION LEVEL APPLYING FOR (1 OR 2)] Application

An example subject title would be:

River House 123 River Rd, Lake City Level 1 Certification Application

If you have more than one recovery residence location within your organization, a separate application must be submitted for each location.

Please make sure that all policy documents included with your application are in a compressed zip folder. If your application is missing a document, you will be asked to resubmit your complete application that includes all the required documents.

Required Policy Documents

The following is not an exhaustive list of the policies each individual residence may choose to implement. Any intended optional policies (camera policy, incident reporting policy, etc.) must also be submitted with your complete application.

Please email DHS staff at recovery_supports_bha.dhs@state.mn.us with any specific questions about your particular residence and policies.

Statute Requirement	Policy or Procedure
Minn. Stat. § 254B.211 Subd. 2(2)(i)	Safety Inspections
Minn. Stat. § 254B.211 Subd. 2(2)(ii)	Exposure to Bodily Fluids and Contagious Disease
Minn. Stat. § 254B.211 Subd. 2(4) Minn. Stat. § 254B.211 Subd. 2(11)	Medications
Minn. Stat. § 254B.211 Subd. 2(5) Minn. Stat. § 254B.211 Subd. 2(6)	Residency Termination/Transfer
Minn. Stat. § 254B.211 Subd. 2(7) Minn. Stat. § 254B.211 Subd. 2(10) Minn. Stat. § 254B.211 Subd. 2(20)	Code of Conduct
Minn. Stat. § 254B.211 Subd. 2(8)	Individual Emergency/Safety Plan
Minn. Stat. § 254B.211 Subd. 2(3) Minn. Stat. § 254B.211 Subd. 2(9)	Emergency Procedures
Level 1 & 2 Certification: Minn. Stat. § 254B.211 Subd. 2(3) Level 1 & 2 Certification: Minn. Stat. § 254B.211 Subd. 2(10) Level 2 Certification: Minn. Stat. § 254B.215 Subd. 3(2) Level 2 Certification: Minn. Stat. § 254B.215 Subd. 3(3)	Staff Training, Qualifications, and Responsibilities
Level 1 & 2 Certification: Minn. Stat. § 254B.216 (3) Level 2 Certification: Minn. Stat. § 254B.215 Subd. 3(b)(4) Level 2 Certification: Minn. Stat. § 254B.215 Subd. 3(b)(5) Level 2 Certification: Minn. Stat. § 254B.215 Subd. 3(b)(6) Level 2 Certification: Minn. Stat. § 254B.215 Subd. 3(b)(7)	Description of Services
Minn. Stat. § 254B.211 Subd. 2(12)	Fee Schedule

Statute Requirement	Policy or Procedure
Minn. Stat. § 254B.211 Subd. 2(13) Minn. Stat. § 254B.211 Subd. 2(14) Minn. Stat. § 254B.211 Subd. 2(15) Minn. Stat. § 254B.211 Subd. 2(17)	Resident Rules
Minn. Stat. § 254B.211 Subd. 2(16) Minn. Stat. § 254B.211 Subd. 3 Minn. Stat. § 254B.212 Subd. 5	Grievance Policy
Minn. Stat. § 254B.211 Subd. 2(18)	Code of Ethics
Minn. Stat. § 254B.211 Subd. 2(19)	Resident Roles and Governance
Minn. Stat. § 254B.211 Subd. 3	Resident Bill of Rights
Minn. Stat. § 254B.213 Subd. 2(1)	Premises Ownership or Recovery Residence Permission Verification
Minn. Stat. § 254B.213 Subd. 2(4)	Proof of Insurance
Minn. Stat. § 254B.213 Subd. 2(5)	Background Checks
Minn. Stat. § 254B.213 Subd. 2(3) Minn. Stat. § 254B.216	Resident Attestation

Operator Attestation

By signing below, I attest that:

- I am the operator of the above-named recovery residence and have primary responsibility for its oversight including but not limited to hiring and termination of recovery residence staff, recovery residence maintenance, and responding to complaints being investigated by DHS.
- The information provided on this application form is true, accurate and complete
- The above-named recovery residence complies with applicable requirements under Minnesota Statutes, Chapter 254B for purposes of certification
- I consent to electronic communication with DHS throughout the application process
- I am responsible for communicating with DHS throughout the application process on all matters provided for in Minnesota Statutes, Chapter 254B
- I acknowledge that I have received the applicant privacy notice, attached below

RESIDENCE OPERATOR FULL PRINTED NAME

DATE

RESIDENCE OPERATOR SIGNATURE

DATE

Applicant Privacy Notice

To apply for certification, you must provide identifying information. Some of this information is public unless there is an identified reason for the information to be not public. An on-site inspection will take place as part of the application process.

What information is public?

- The recovery residence's name, address, phone number, email address, and number of beds
- Gender and populations served by the recovery residence
- The recovery residence organization's name, address, phone number, and email address
- Certifications and correction orders issued to the recovery residence
- Results of certification reviews
- Results of investigations that result in a correction order

How is information made available?

Information can be accessed by using the statewide registry of certified recovery residences that will be made available on the Department of Human Services website.

What if I do not want my identifying information made public?

There are circumstances when public identifying information can be limited. If you believe this applies to you, please reach out to recovery_supports_bha.dhs@state.mn.us to discuss limiting your public information.

Will information I give be shared with anyone else?

Department staff may give information about you and your recovery residence to others authorized under state or federal law. Information will be shared on an as-needed basis to conduct investigations or to provide assistance to you.

What if I refuse or withhold information?

Knowingly withholding relevant information, or giving false or misleading information for your application, may result in your application being denied or your recovery residence being decertified.



For accessible formats of this information or assistance with additional equal access to human services, email us at DHS.info@state.mn.us, call 651-431-4945, or use your preferred relay service.

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